

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/432113 FILING DATE 11-2-99
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5	1						55						
6		1					56						
7		1					57						
8	1						58						
9	1						59						
10	1						60						
11	1						61						
12	1						62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7						TOTAL IND.						
TOTAL DEP.	5						TOTAL DEP.						
TOTAL CLAIMS	12						TOTAL CLAIMS						